

USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD  
KSA 82a-1201-1215

Kansas Department of Health and Environment-Division of Environment (Water well Contractors) Topeka, Kansas 66620

SITKA

CTBD

<input checked="" type="checkbox"/> Location of well: County <b>CLARK</b>		Fraction <b>SE 1/4 NW 1/4 SW 1/4</b>		Section number <b>2</b>		Township number <b>33</b>		Range number <b>22</b> E/W			
<input checked="" type="checkbox"/> Distance and direction from nearest town or city: <b>4 1/4 - E OF ASHLAND</b>				Owner of well: <b>LUCY + MARY FRY</b>							
Street address of well location if in city:				R.R. or street: <b>ASHLAND, KS.</b> City, state, zip code:							
4. Locate with "X" in section below:				Sketch map:				6. Bore hole dia. <b>8</b> in. Completion date <b>4-20-77</b> Well depth <b>53</b> ft.			
				7. <input checked="" type="checkbox"/> Cable tool <input type="checkbox"/> Rotary <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Hollow rod <input type="checkbox"/> Jetted <input type="checkbox"/> Bored <input type="checkbox"/> Reverse rotary				8. Use: <input type="checkbox"/> Domestic <input type="checkbox"/> Public supply <input type="checkbox"/> Industry <input type="checkbox"/> Irrigation <input type="checkbox"/> Air conditioning <input checked="" type="checkbox"/> Stock <input type="checkbox"/> Lawn <input type="checkbox"/> Oil field water <input type="checkbox"/> Other			
5. Type and color of material				From To		9. Casing: Material <b>RMP</b> Weight: <b>Above</b> or below Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Surface <b>15</b> in. RMP <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Weight _____ lbs./ft. Dia. <b>5</b> in. to <b>53</b> ft. depth Well Thickness _____ inches or Dia. _____ in. to _____ ft. depth Case No. <b>250</b>					
<b>BLACK TOPSOIL</b>				<b>0 1</b>		10. Screen: Manufacturer's name <b>JESS + LOWELL</b> Type <b>RMP</b> Dia. <b>5</b> Slot/gauze <b>SAW</b> Length <b>10</b> Set between <b>23</b> ft. and <b>53</b> ft. _____ ft. and _____ ft. Gravel pack? <input checked="" type="checkbox"/> Size range of material <b>1/4 - 3/4</b>					
<b>ROCKY RED CLAY</b>				<b>1 5</b>		11. Static water level: _____ mo./day/yr. <b>40</b> ft. below land surface Date <b>4-20-77</b>					
<b>RED SHALE</b>				<b>5 27</b>		12. Pumping level below land surfaces: _____ ft. after _____ hrs. pumping _____ g.p.m. _____ ft. after _____ hrs. pumping _____ g.p.m. Estimated maximum yield _____ g.p.m.					
<b>RED CLAY</b>				<b>27 43</b>		13. Water sample submitted: _____ mo./day/yr. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Date _____					
<b>COARSE SANDSTONE</b>				<b>43 53</b>		14. Well head completion: <input type="checkbox"/> Pitless adapter <b>15</b> Inches above grade					
<b>VERY HARD ROCK</b>				<b>53 -</b>		15. Well grouted? <input checked="" type="checkbox"/> With: <input type="checkbox"/> Neat cement <input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Concrete Depth: From <b>0</b> ft. to <b>10</b> ft.					
<b>BRICK</b>						16. Nearest source of possible contamination: ft. _____ Direction <b>NONE</b> Type _____ Well disinfected upon completion? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
<b>Pre-Op well</b>						17. Pump: <input checked="" type="checkbox"/> Not installed Manufacturer's name _____ Model number _____ HP _____ Volts _____ Length of drop pipe _____ ft. capacity _____ g.p.m. Type: <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine <input type="checkbox"/> Jet <input type="checkbox"/> Reciprocating <input type="checkbox"/> Centrifugal <input type="checkbox"/> Other					
(Use a second sheet if needed)						20. Water well contractor's certification: This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief. <b>WYMER BLACKSMITH SHOP</b> Business name _____ License No. _____ Address <b>BOX 172, PROTECTION, KS 221</b> Signed <b>Wynette S. Wymer</b> Date <b>5-18-77</b> Authorized representative					
18. Elevation:		19. Remarks:		<b>WELL AT TOP OF HILL AT FENCE LINE BETWEEN FIELD AND PASTURE</b> <b>CUSTOMER INSTALLED PUMP + PUMP JACK</b> <b>1932</b> <b>1931</b>							
Topography: <input checked="" type="checkbox"/> Hill <input type="checkbox"/> Slope <input type="checkbox"/> Upland <input type="checkbox"/> Valley		<b>TOPO</b>		<b>33 22 W 2 SE NW SW</b>							

Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5